

**FIRST THINGS FIRST***Ready for School. Set for Life.***Central Maricopa Regional Partnership Council**

Allocations and Funding Sources		SFY13
FY Allocation		\$7,130,934
Population Based Allocation		\$5,037,022
Discretionary Allocation		\$955,573
Other (FTF Fund balance addition)		\$1,138,339
Carry Forward From Previous Year		\$4,619,959
Total Regional Council Funds Available		\$11,750,893
Strategies	Proposed Allotment	Board Approvals, 1/17-18, 2012 SFY13 Strategies and Amounts
Scholarships TEACH (<i>statewide</i>)	\$181,500	Approved
Scholarships non-TEACH	\$70,000	Approved
Director Mentoring/Training	\$75,000	Approved
FTF Professional REWARD\$ (<i>statewide</i>)	\$200,000	Approved
Quality First Child Care Scholarships (<i>statewide</i>)	\$1,651,405	Approved
Quality First (<i>statewide</i>)	\$808,743	Approved
Mental Health Consultation (<i>statewide</i>)	\$250,000	Approved
Expansion: Increase Infant/Toddler	\$400,000	Approved
Pre-Kindergarten Scholarships	\$930,000	Approved
Child Care Health Consultation (<i>statewide</i>)	\$100,800	Approved
Home Visitation	\$600,000	Approved
Parent Education Community-Based Training	\$400,000	Approved
Family Resource Centers	\$1,510,000	Approved
Oral Health	\$350,000	Approved
Care Coordination/Medical Home	\$197,000	Approved
Physician Education & Outreach (<i>statewide</i>)	\$165,000	Approved
Service Coordination	\$175,000	Not submitted for Board approval
Community Awareness (<i>FTF Directed</i>)	\$65,000	Approved
Media (<i>statewide</i>)	\$150,000	Approved
Community Outreach (<i>FTF Directed</i>)	\$83,000	Approved
Statewide Evaluation (<i>statewide</i>)	\$251,621	Approved
Proposed Allotment Total	\$8,614,069	
Approved Allotment Total	\$8,439,069	



CENTRAL MARICOPA REGIONAL PARTNERSHIP COUNCIL

Regional Funding Plan Three Year Strategic Direction SFY 2013-2015

CENTRAL MARICOPA REGIONAL PARTNERSHIP COUNCIL

**Regional Funding Plan
Three Year Strategic Direction
SFY 2013-2015**

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SFY 2013 -2015 Regional Partnership Council Budget

Section I.**Regional Allocation Summary**

Funds Available State Fiscal Years (SFY) 2012- 2015

Central Maricopa Regional Partnership Council

Allocations and Funding Sources	2012	2013	2014	2015
FY Allocation	\$7,149,535	\$7,130,934	\$7,145,196	\$7,171,991
Population Based Allocation	\$5,169,180	\$5,037,022	<i>(fy14 and fy15 allocations are estimates only, for purposes of planning)</i>	
Discretionary Allocation	\$976,653	\$955,573		
Other (FTF Fund balance addition)	\$1,003,702	\$1,138,339	\$7,145,196	\$7,171,991
Carry Forward From Previous	\$5,686,241	\$4,619,959	\$3,136,824	\$1,667,951
Total Regional Council Funds	\$12,835,776	\$11,750,893	\$10,282,020	\$8,839,942

Section II.

Review of SFY 2012 Funding Plan

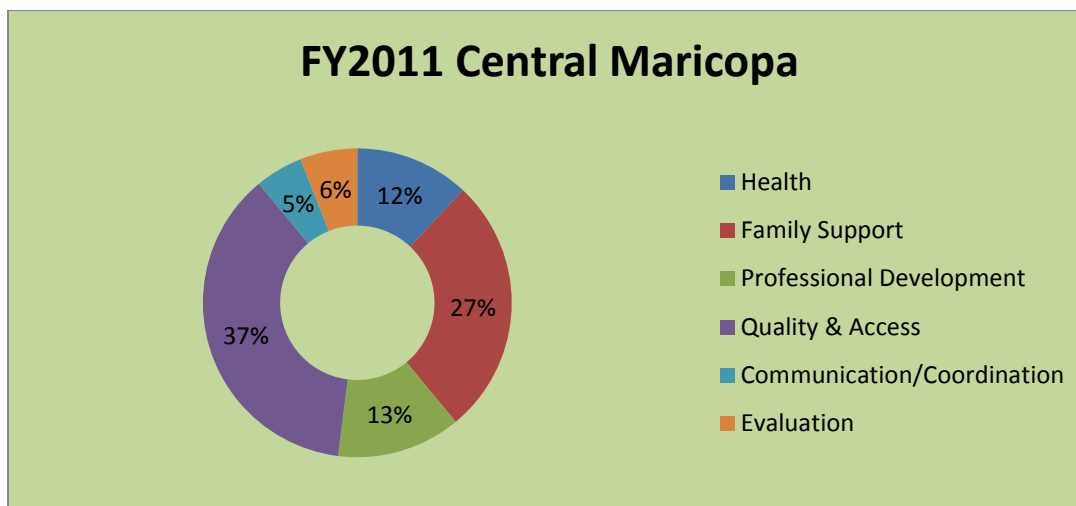
II A. SFY 2012 Regional Partnership Council Priorities

Over the last three year funding cycle, the Central Maricopa Regional Partnership Council has invested in strategies that are targeted toward creating a strong, viable early childhood system so that a continuum of services and supports for families with young children can be implemented in the region; from universal to targeted, across four of the six identified goal areas developed by the First Things First State Board: Quality and Access; Family Support; Health & Mental Health; and Professional Development. The Regional Council chose these goal areas and these specific strategies in order to build a system that is responsive to the varying needs of young children and families in the region. Interwoven throughout these four goal areas are the remaining two goal areas, Coordination and Community Awareness. These become the “glue” that enables a seamless delivery of resources and services.

On October 19, 2011, the Regional Council reviewed the 2010 Central Maricopa Needs and Assets Report and grantee data reports. Both provided important information regarding the scope and reach of both the region’s needs and currently funded strategies to meet those needs. Information and feedback from community partners was also received after a well-attended community town hall. Regional Council members participated in three smaller workgroups focusing on Early Learning, Health and Family Support. Discussions included system building and the progress that has been made so far.

While excellent progress has been made in building the partnerships and relationships necessary to implement programs in each of the three domains - Family Support, Health/Mental Health, and Early Learning, it is important to note that there is still significant work to be done in order to build a strong state Early Childhood System. The Regional Council is committed to continuing their strategic direction and supports this process.

As documented in the pie chart below, the SFY 2012 Funding Plan allocated a significant portion of funds to each of the three domains: **Early Learning** (includes Quality and Access and Professional Development - 52%), **Family Support** (27%) and **Health and Mental Health** (11%). This is reflective of the Regional Council’s belief that each domain must be addressed in order to provide comprehensive services. Of particular importance to the Central Maricopa Regional Partnership Council was providing a wide variety of services that promote early learning and support the overall health and well-being of children and families and includes building a strong early childhood system both in the region and statewide.



Early Learning (Professional Development and Quality/Access/Affordability)

The Central Maricopa Regional Partnership Council identified two areas within the Early Learning First Things First Priority Role where funding was needed. Those areas include quality improvement for early care and education programming which also includes access and affordability of quality care and professional development for those working with children 0 - 5. The Council made a substantial investment of \$1,094,409 in improving the quality of professionals working in early care and education. This investment is expected to provide professional development opportunities to over 1000 early care and education professionals. Additionally, the Regional Partnership Council chose to invest \$905,000 in improving quality care by funding 22 Quality First Centers, six homes and two Mental Health Consultants who serve up to ten regional early care and education centers and four family child care homes. Approximately 850 children are experiencing improvement in the quality of their care, better equipped teachers and a more nurturing, literacy-rich learning environment. The cost of quality often becomes a barrier to lower income families. To address this issue, the Regional Council has invested \$1,430,000 to expand access to high quality care, through Quality First and Pre-kindergarten scholarships for 375 lower income families.

Family Support

Home Visitation, Parent Education and Family Resource Centers are the primary focus of the strategies in the Family Support First Things First Priority Role. Family Resource Centers and Parent Education are strategies available to all families, and Home Visitation is targeted to families with certain risk factors. The objective of the family support strategies is to support families in difficult times and provide information and resources based on the needs of the family. Included in the Family Resource Centers is funding for Health Insurance Enrollment Assistance and supplemental Food Boxes to help alleviate hunger and connect children to public health care assistance. In fiscal year 2012, \$2,269,678 was allotted to Family Support and over 5000 families will be served.

Health/Mental Health

The Regional Council's Health strategies are supporting infrastructure building to connect children and families in the region who do not have a family doctor to a medical home and to provide help coordinating the many resources families may need. Both strategies, Physician Outreach and Education (about becoming a medical home) and Care Coordination have had some challenges in recruitment, however, interest by several practices and clinics have led to an increase in participation recently. Due to the lack of preventive oral health care in the region, resources are allotted to provide oral health screening and fluoride varnishes for children 0 – 5 and pregnant women; hence over 2000 varnishes and screenings will take place. In fiscal year 2012, \$931,136 was dedicated to the First Things First Priority Role of Health and Mental Health.

Coordination/Communication

Improving the coordination and communication of early childhood services in the region is essential to building a comprehensive early childhood system. In meetings with grantees and notations in quarterly data submissions it is often mentioned that services in the region are fragmented and families are often not aware of existing services. The Regional Council addressed this need by holding First Things First grantee orientations and regular quarterly meetings in order to share grantee information and resources. The Regional Council utilized the Regional Director and Outreach Coordinator to convene grantees and community partners in the Town of Guadalupe to form the Guadalupe Partnership. This group meets monthly to discuss opportunities to further inform families and service providers of the resources available through First Things First funding.

Strategies to achieve the four objectives identified in the First Things First Statewide Communications Plan includes distribution of First Things First leave behinds and branded collateral materials, media, sponsorships, parent education and awareness, and participation in community events that align and support the mission of First Things First. Furthermore, Regional funding has also provided the opportunity to support the Child Abuse Prevention and Awareness Coalition. Made up of over fifty-eight agencies, the

Coalition works to inform the community about the importance of reporting child abuse and encourages families, friends and neighbors to seek help when child abuse is suspected.

Lastly, the Maricopa and Phoenix Regional Partnership Councils are working on a plan to implement a cross regional coordination strategy. The goal is to decrease duplication of services; allow communities to build on and enhance existing quality services; improve data collection and information sharing; create planning and problem-solving opportunities; increase early childhood advocacy efforts and leverage funding for the highest return on the state's early childhood investment.

The tables below provide a summary of the Regional Partnership Council's prioritized needs and strategies for SFY 2012, as well as contracted service numbers, and information on awards made to date.

II B. SFY 2012 Strategies and Units of Service Review

Central Maricopa

Units of Service by Strategy

Strategy Description	Fiscal Year 2012	
	Targeted Units	Contracted Units
Scholarships TEACH Strategy		
Number of professionals receiving scholarships	78	125
Scholarships non-TEACH Strategy		
Number of professionals receiving scholarships	120	120
Community Based Professional Development Early Care and Education Professionals Strategy		
Number of participating professionals	900	900
Director Mentoring/Training Strategy		
Number of participating professionals	5	5
FTF Professional REWARD\$ Strategy		
Number of incentive awards distributed	120	112
Quality First Child Care Scholarships Strategy		
Number of children receiving scholarships	55	54
Quality First Strategy		
Number of center based providers served	22	44
Number of home based providers served	6	12
Number of center based providers served	0	6
Number of home based providers served	0	0
Number of increased slots for participating children	0	0
Mental Health Consultation Strategy		
Number of center based providers served	10	10
Number of home based providers served	4	4
Number of people receiving tuition reimbursements	0	0
Expansion: Increase Infant/Toddler Strategy		
Number of center based providers served	0	6
Number of home based providers served	0	0
Number of increased slots for participating children	0	0
Number of private/public partner pre-K sites receiving support	13	9
Number of public school pre-k sites receiving support	16	12
Child Care Health Consultation Strategy		
Number of center based providers served	60	62
Number of home based providers served	0	26
Home Visitation Strategy		
Number of families served	257	218
Parent Education Community-Based Training Strategy		
Number of participating adults	1,400	2,440
Family Resource Centers Strategy		
Number of families served	5,166	5,368
Food Security Strategy		
Number of food boxes distributed	18,000	12,000

Oral Health Strategy		
Number of children receiving oral health screenings	0	1,500
Number of fluoride varnishes applied	1,500	1,500
Number of participating adults	1,500	1,500
Number of participating professionals	175	212
Number of prenatal women receiving oral health screenings	0	0
Care Coordination/Medical Home Strategy		
Number of children served	0*	10
Physician Education & Outreach Strategy		
Number of participating practices	10	10
Service Coordination Strategy		
no service units		
Community Awareness		
no service units		
Community Outreach		
no service units		
Media		
no service units		
Evaluation		
no service units		
Needs and Assets		
no service units		
Statewide Evaluation		
no service units		

Notes:**Quality First Service Numbers:**

The Quality First strategy has Target Service Units of Homes and Centers. For this unique strategy, the Contracted Service Numbers will show as twice as much in comparison to the Targeted Service Numbers. This is due to implementation of the strategy through two service contracts (one for QF Coaching/Incentives, and a second for QF Assessments).

Scholarships TEACH and Child Care Health Consultation (CCHC) Service Numbers:

The Scholarships TEACH strategy and the CCHC strategy have Target Service Numbers which reflect the strategy targets of “additional TEACH” or “additional CCHC”. The Contracted Service Numbers include the “additional TEACH (or additional CCHC)” in addition to the Service Numbers funded through the regionally funded Quality First package. Therefore, for many regions, the Target Numbers will appear lower than the Contracted Numbers.

* Prior to SFY 2011, target service unit was listed as # of practices.

II C. SFY 2012 Funding Summary Review



Allocations and Funding Sources	2012	
FY Allocation	\$7,149,535	
Population Based Allocation	\$5,169,180	
Discretionary Allocation	\$976,653	
Other (FTF Fund balance addition)	\$1,003,702	
Carry Forward From Previous Year	\$5,686,241	
Total Regional Council Funds Available	\$12,835,776	
Strategies	Allotted	Awarded
Scholarships TEACH	\$342,000	\$342,000
Scholarships non-TEACH	\$240,000	\$240,000
Community Based Professional Development Early Care and	\$490,000	\$489,909
Director Mentoring/Training	\$22,500	\$22,500
FTF Professional REWARD\$	\$300,000	\$300,000
Quality First Child Care Scholarships	\$500,000	\$500,000
Quality First	\$586,500	\$567,267
Mental Health Consultation	\$250,000	\$250,000
Expansion: Increase Infant/Toddler	\$417,000	\$400,000
Pre-Kindergarten Scholarships	\$930,000	\$930,000
Child Care Health Consultation	\$352,000	\$338,988
Home Visitation	\$597,076	\$597,076
Parent Education Community-Based Training	\$400,000	\$387,441
Family Resource Centers	\$1,135,161	\$1,135,161
Food Security	\$150,000	\$150,000
Oral Health	\$400,000	\$318,277
Care Coordination/Medical Home	\$197,859	\$197,859
Physician Education & Outreach	\$165,000	\$165,000
Service Coordination	\$75,000	
Community Awareness	\$64,100	\$64,100
Media	\$250,000	\$250,000
Community Outreach	\$100,000	\$100,000
Needs and Assets		
Statewide Evaluation	\$251,621	\$251,621
Total Allotted/Awarded:	\$8,215,817	\$7,997,199
Total Unallotted/Unawarded:	\$4,619,959	\$218,618

II D. Review of Progress

In addressing the needs of the Central Maricopa Region, support systems building, and establish a continuum of resources and services for families with young children, 2012 Regional funding was allotted to each of the five First Things First Board adopted priorities: Quality, Access, and Affordability of Regulated Early Care and Education Settings; Professional Development System; Supports and Services for Families; Access to Quality Health Care Coverage and Services; and Building Public Awareness and Support. In addition to supporting each of the five First Things First priority goal areas, the Regional Partnership Council acknowledged the necessity of funding strategies that collectively build on each other. They have been deliberate in their decision-making to ensure that the strategies funded within each goal area work together to achieve desired outcomes, complement Regional assets, and increase regional capacity to meet the needs of families. Not only do the strategies build upon each other within specific goal areas to achieve desired outcomes, the strategies in most instances also build upon each other across goal areas to have a true system impact.

Strategy implementation for SFY 2012 has been moving forward with a great deal of success. Progress to date in each of the five priority areas is as follows:

Early Learning:

For 2012, the Central Maricopa Regional Partnership Council continued to emphasize Professional Development strategies developed in their 2010-2012 Funding Plan that build a strong foundation of learning for all children. These strategies are developing the capacity of the early childhood workforce to provide high quality early education. Two scholarship models, T.E.A.C.H. and Professional Career Pathways Project (PCPP) supported the workforce to complete college coursework in order to apply for a Child Development Associate Credential (CDA) and/or their 2-year associates' degree in Early Childhood Education. To date, 54 T.E.A.C.H. scholarships and 44 PCPP scholarships have been awarded. Proudly, the first graduate within the T.E.A.C.H. program was a scholar from the Central Maricopa region. In 2012, the target service numbers were reduced to 78 scholarships to reflect the current levels of participation by those who were awarded scholarships. The Regional Council recognized that it takes time to build capacity for scholars to attend school. The Council will continue to include these strategies and the necessary funding throughout the next strategic plan.

In June 2011, the Emergent Leaders Project graduated three directors from the program that were funded by the Central Maricopa Regional Partnership Council. Two of the graduates are also participating in Quality First.

The Community-Based Professional Development strategy provided workshops and seminars for approximately 1000 participants. In addition, 76 received a more intensive model of coaching and mentoring in a yearlong program.

Quality First has been successful in increasing the level of quality care and education for children in the centers and homes participating in this program improvement strategy. Thus far, 35 centers and 5 homes have received a comprehensive package of supports that impact the quality of services in existing child care facilities. These include coaching, incentives, Child Care Health Consultation, and T.E.A.C.H. scholarships. Target service units for this strategy were originally 38 centers and 6 homes, however, the number decreased due to centers and/or homes closing or dropping out of the program. A decision was made by the Regional Council to continue to support the remaining 35 centers and 5 homes in the 2013-15 funding plan. Substantial additional funding is needed to support the transfer of state-funded centers/homes to regional funding. Because the Council understood the importance of quality care and education, they made a funding commitment to the centers and homes that are continuing in the program to improve their quality.

The Pre-Kindergarten Scholarship strategy is implemented in partnership with local school districts and addresses the important issue of access and affordability, particularly for families who live in poverty. This strategy has been very successful; providing a high-quality early learning experience for 248 children and includes partnerships with community child care providers that are flourishing. The Central Maricopa Regional Partnership Council is fortunate to have the participation of all three school districts in the region: Chandler, Tempe and Kyrene.

The Regional Council is also aware of the critical need for better care and education for infants and toddlers. A pilot project to study the most effective and innovative ways to increase the quality of caregiving for infants and toddlers as well as make it affordable for their parents was finalized with a Government to Government agreement that began October 1, 2011 with one of the Maricopa Community Colleges. Local experts will be working with nationally known specialists in infant and toddler care. This three year project also has a strong evaluation component that will inform other quality enhancement projects about the most effective best practices for infant and toddler programming. Up to 20 classrooms throughout the region will participate in this project and recruitment has already begun.

It is with the implementation of the professional development and quality and access strategies detailed above that the Regional Council will provide a continuum of high quality education and care beginning with infants and toddlers and ending with children through five years of age.

Family Support:

The Central Maricopa Regional Partnership Council has three strategies to address the prioritized need for supports and services for families: Family Resource Centers, Home Visitation and Parent Education Community-based training.

Unfortunately, the region's children and families continue to be challenged with the loss of state funding for safety net services and a sluggish economy. For some, services have been cut drastically and in some cases, eliminated. It is through the seven regional Family Resource Centers that families can obtain help, whether it is health insurance application assistance, social service referrals, food box assistance or parent education to support a family's need. One of the most positive outcomes has been that over 7,000 families have received assistance through Family Resource Centers. These Centers have become a "one stop" source for information, education, and referrals to social services most needed by a family. Great strides have been achieved in the coordination of all of the above services by providing access to them through Family Resource Centers. Families are empowered to provide the very best supports for their children. Five of the seven are school-based sites in Tempe, Guadalupe, and Ahwatukee, and provide the supports within high-need neighborhoods. The remaining two are located in Chandler and work closely with the school district and faith-based organizations to leverage First Things First funding with other community support.

Parent Education Community-Based Training has also been very successful in helping parents understand infant, toddler and preschool brain development in addition to providing techniques for successful parenting and literacy development. This strategy has exceeded its 1,400 targeted service units by providing 2,500 families education on child development, literacy and kindergarten readiness. Many of the trainings have been held in the region's Family Resource Centers and provide a wonderful example of grantees collaborating and strategies complementing each other.

The Home Visitation strategy is currently serving 238 families. Through this strategy, families receive a comprehensive package of supports based on the needs of the family. These include routine developmental screening, reminders and referrals for timely well child checks and immunizations, and information and resources to support positive parent-child interaction and age-appropriate learning activities including literacy that families can do together. A component of one of the home visitation models is to provide

parent support group meetings. These have also been accomplished by utilizing the Family Resource Centers as a place to meet.

The partnerships and collaborations happening with all three of the Family Support strategies provide an illustration of the Central Maricopa Regional Partnership's intent to provide a continuum of services and supports for families, from universal (Parent Education and Family Resource Centers) to more targeted and intensive services (Home Visitation and Food Boxes).

Health and Mental Health:

The Central Maricopa Regional Partnership Council implements five strategies to address the prioritized need for improved access to quality health and dental services: Physician Outreach and Education, Oral Health, Care Coordination, Child Care Health Consultation and Mental Health Consultation. The Medical Home and Oral Health strategies are intended to provide a comprehensive approach to ensuring children are healthy. Medical and Dental homes provide many of the critical screenings necessary to catch concerns early, intervene with appropriate help and ensure children stay healthy.

Physician Outreach and Education has had steady but slow success in recruiting practices to participate. Recruitment of physicians and practices is ongoing, and it is reported that several physicians are lined up to participate beginning in January of 2012. Developing relationships with physicians and practices takes an extended amount of time. Practices which were somewhat reluctant to participate after the initial contact are now more willing to listen and consider participation in the project due to multiple attempts and communications. The Regional Council discussed the possibility of discontinuing this strategy due to the slow start up and smaller numbers of participants, however, due to the successful outcomes of the few participating, the Council chose to continue to support the project in hopes that more physicians and clinics will be persuaded to participate. The long-term goal of this project is to develop and test the two different care coordination models, including the development of a model that evaluates the Return on Investment (ROI) to the practice and/or health plans. The Return on Investment can be used by practices in making the business decision to hire and sustain care coordination services and can also be used to demonstrate the value through prevention of emergency visits and hospitalizations in advocating for care coordination payments from health insurers, including AHCCCS.

Collaborations are imbedded in both the Physician Outreach and Education strategy and the Care Coordination strategy. Care Coordinators have been placed in two clinics participating in both projects. In October 2011, parent meetings were conducted at two of the Family Resource Centers in the region enabling families to link to services that are culturally sensitive and accessible to children and families. One participating pediatrician wrote, "Care coordination has facilitated myself and staff to provide a much higher quality of care to our patients. The partnership that we have been able to form with our care coordinator has made possible for our patients to obtain quick resources. With these resources at our fingertips, our families' needs are met promptly and efficiently."

The Oral Health and Education strategy has succeeded in developing many community partnerships, including providing sessions at the Family Resource Centers, schools, child care centers and large community events. Often there is collaboration with Health Insurance Enrollment Application assistance providers at venues and it is well-received by participants. This strategy has provided almost 900 oral health screenings to children, to date. One of the most successful components of the Oral Health Strategy is the awareness the program has brought to the importance of oral health prevention activities. This increased awareness is evidenced by community organizations contacting the program to schedule visits after hearing about the program in the community.

The Child Care Health Consultation strategy in the region currently serves all of the Quality First sites and 30 sites not participating in Quality First. Through this strategy, child care settings receive health and safety

information to improve the quality of care in the facility. Due to significant changes to both the Quality First model and the Child Care Health Consultation model and the resulting financial impact to the region, the Regional Council made the decision not to fund the strategy outside of Quality First beginning in SFY 2013.

Mental Health Consultation has been provided to centers and homes participating in Quality First, however, the Regional Council also chose to fund two consultants to work with centers not participating in Quality First. These consultants have worked with 12 centers throughout the region and have been well received. An important function of early childhood mental health consultation is to lend emotional support to early care providers and help them cope with the stresses of dealing with children who are demonstrating difficult behaviors.

Coordination, Communication:

The Central Maricopa Regional Partnership Council implemented a staff-directed Community Outreach and Community Awareness strategy to address the prioritized need to raise awareness of the importance of early childhood. The strategy is part of the statewide, cross-regional communications campaign. Since starting in October of 2010, the Community Outreach Coordinator has distributed important information about First Things First, as well as information on child development, parenting and literacy. She has recruited 304 Early Childhood Champions, represented First Things First at 75 community events and given 82 presentations. One of the most exciting achievements of this strategy has been the creation of an Education Partnership Coalition in the Town of Guadalupe. The Coalition has a significant amount of cooperation and civic engagement among grantees, town and tribal governments, and community partners region-wide.

Several of the surrounding regions including Southeast Maricopa and South Phoenix have committed to work in collaboration with the Central Maricopa Region to ensure that programs and services don't stop once a family crosses a regional boundary. Central Maricopa and Southeast Maricopa are working with the same Oral Health/Screen/Varnish provider. It is the intent of both Regional Councils to continue this strategy in upcoming funding plans. All three regions have funded the Healthy Families program for home visitation and coordination of these services throughout the regions is already taking place. All three Regional Directors have worked hard to build relationships with community partners, sharing information with each other and their communities to further identify opportunities for coordination.

As evidenced by the ongoing collaborations discussed above, families' needs are being met through any of Central Maricopa Regional Partnership's strategies and many times in a combination of several strategies. Due to the collaborative efforts of grantees, agencies, school districts, city/town governments and First Things First, there has been great improvement in the ability of families to get the information and support they need to help their children be healthy and ready to succeed in school.

Section III.

Three Year Strategic Direction: SFY 2013-2015 Regional Funding Plan

III A. Overview

Throughout the last several months, the Regional Partnership Council has undertaken considerable thought and discussion by reviewing available data sources for strategic planning purposes. The 2010 Regional Needs and Assets Report and program evaluation data and narrative reports from First Things First grantees were carefully considered. In preparation for the SFY 2013-2015 Regional Funding Plan, the Central Maricopa Regional Partnership Council invited the community and stakeholders to participate in a Town Hall event in which Council members facilitated small group discussions regarding the needs and assets of each of the communities in the region: Tempe, Chandler, Ahwatukee and Guadalupe. In October 2011, approximately 80 people attended the Town Hall that was held directly after a regular Regional Council meeting. Throughout September and October of 2011, three small work groups (related to the three focus areas of Early Learning, Family Support and Health) comprised of Council members were convened to re-examine data and grantee reports, discuss previously identified needs of the region and formulate a recommendation to the whole Council of their prioritized needs. Finally, in November, the Regional Partnership meeting was held and each group presented their recommendations to the Council for approval.

In reviewing the Regional Council's desire to provide services and support universally for *all* children and families within the region, it was decided to further refine their priorities based upon the identified needs of the region. Their priorities provide a strong platform that supports the establishment of an Early Childhood System so that families have a continuum of available services from universal to targeted and intensive services to reduce risk factors for children.

The following priorities were identified for the 2013 – 2015 funding cycle:

- Access to high quality early care and education (including infant and toddler settings)
- Expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.
- Access to early preventive medical and dental care for children birth – five years of age.
- Coordination of existing resources and services for young children and their families.

All four priorities were identified in the previous funding cycle as well, however, it was decided that these four clearly allow for scope and scale of the strategies identified by the Regional Council and provide a platform covering all areas of First Things First's focus: Early Learning, Family Support and Health.

Setting the Strategic Direction

The Regional Council discussed each of the First Things First School Readiness Indicators in relation to the identified needs and the ability of the region to demonstrate an impact. Subsequently, the following indicators were identified as those most closely aligned with the identified priority needs as well as the strategic direction the Council is taking:

1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical

Central Maricopa Strategies:

- Quality First
- Infant and Toddler Expansion/ Improvement

- Home Visitation
- Parent Education Community Based Training
- Family Resource Centers
- TEACH and PCPP Scholarships
- Director Mentoring/Training
- FTF REWARDS: Wage compensation
- Mental Health Consultation
- Scholarships – Pre-K and Quality First
- Service Coordination

2. #/% of children receiving timely well child visits

Central Maricopa Strategies

- Health Insurance Enrollment Assistance
- Physician Outreach and Education (Medical Home)
- Care Coordination/Medical Home

3. % of families who report they are competent and confident about their ability to support their child's safety, health and well-being

Central Maricopa Strategies:

- Home Visitation
- Parent Education Community Based Training
- Food Security
- Family Resource Centers
- Health Insurance Enrollment Assistance
- Care Coordination/Medical Home
- Resource Coordination

4. #/% of children age 5 with untreated tooth decay

Central Maricopa Strategies:

- Oral Health and Education
- Health Insurance Enrollment Assistance
- Physician Outreach and Education (Medical Home)
- Care Coordination

The Regional Council made some difficult decisions related to the next three-year funding cycle. All current strategies could not be continued at the same funding level and sustained through SFY 2015. The Council reviewed the effectiveness of the current strategies to meet the prioritized needs and elected to retain those strategies that have had the greatest impact or have the potential to have the greatest impact and cut across all three areas of focus. Scope and reach were considered for the strategies associated with Early Learning, Family Support and Health. The Regional Council decided that in order to support Quality First at the current level of funding it was necessary to maintain and not increase the Family Support strategies. Within the Health strategies, current levels of participation were also maintained. In reviewing these three focus areas, the realization that several strategies coordinate and complement each other was heartening for the Council.

All of the Central Maricopa Regional Partnership Council's strategies collectively build and strengthen the region's early childhood system. Each strategy provides support to the people in a child's life, be it a parent, a care-giver, a teacher, or a health care provider. Taken as a group, the impact is compounded and is more likely to result in better outcomes for children. Some strategies, such as Parenting Education Community

Based Training, Quality First, Professional Development Scholarships and Professional REWARD\$, universally target parents and professionals. Other strategies, such as Pre-kindergarten Scholarships, Quality First Scholarships, Home Visitation, Health Insurance Enrollment Assistance, have more targeted populations. Quality First and Pre-Kindergarten Scholarships target lower income families. A portion of Quality First Scholarships target teen parents who are finishing high school and are in a teen parent high school program. Home visitation will target pregnant women, grandparents, parents of infants and toddlers and others who are considered “at risk”.

The Central Maricopa Regional Partnership Council understands that research indicates a high quality early learning program is much more likely to impact a child’s readiness for school and because of this has made a significant investment in improving the quality of programs for young children. The Regional Council identified the importance of the Quality Improvement and Rating System in impacting the quality of early learning experiences. The Regional Council also understands the uniqueness of program improvement for infants and toddlers, and is examining the best ways to implement a strategy specifically designed to identify what elements of infant and toddler care best affect outcomes for young children. In November of 2011, the Regional Council made adjustments to their funding levels in several strategies to ensure the ability to sustain and support to programs enrolled in Quality First. Research indicates that one of the highest correlating factors of quality is the educational level of the staff. The Central Maricopa Regional Partnership Council has identified strategies that provide a choice of professional development opportunities tied to college credit. Together these strategies provide multiple entry pathways for professionals who wish to improve their skills in working with children along with completing college coursework.

Many of the strategies funded by the Central Maricopa Regional Partnership Council build upon participation in Quality First or working in programs that provide early learning experiences for children birth through five. Working with all three school districts through the Pre-Kindergarten Scholarships strategy, children are able to access early care and education programs; have access to Oral Health screenings and dental varnishes; and staff can participate in the Professional Development strategies. All the programming for early care and education provides referral opportunities for Family Resource Centers, where families can access Health Insurance Enrollment Assistance, and Community based Parenting Education or Food Boxes. These examples demonstrate the system-building occurring in the Central Maricopa region.

Coordination has also been intentional. The Central Maricopa Regional Partnership Council is implementing a coordination of services strategy to address the lack of capacity to address the gaps in services for young children by supporting the development of partnerships both within specific communities and with neighboring regions to bring together service providers and potential service providers to identify ways to coordinate services, avoid duplication of services and explore ways to collaborate to better address the needs of families. Two Coalitions have developed as a result of this work. The Guadalupe Education Partnership is working to build meaningful relationships in Guadalupe between the community, agencies, town and tribe in order to educate, engage and inspire healthy lifestyles. The Child Abuse Awareness and Prevention Coalition is a multi-region, multi-agency coalition dedicated to providing information that educates all people on the signs of child abuse, methods of reporting and where to seek help when in crisis.

As the Central Maricopa Regional Partnership Council sets the strategic direction for the next three years, there is the developing sense that the combined work of the Regional Partnership Council, community stakeholders and families is beginning to take root. Careful, intentional decisions will ensure all children birth through five will receive the supports they deserve that help them to succeed in school and life.

Section III B.

Strategic Plan for SFY 2013 – 2015

Regional Priorities, Selected FTF Indicators and Priority Roles, and Strategies to Achieve Outcomes

Regional Priority to be addressed	School Readiness Indicators Correlated to the needs and priority roles	FTF Priority Roles in the Early Childhood System	SFY 2013-2015 Strategies
<p>Limited access to high quality early care and education (including infant and toddler settings)</p> <p>Limited access to early preventive medical and dental care for children birth – five years of age.</p> <p>Limited access to high quality, diverse and relevant information and resources for families to support their child's optimal development.</p> <p>Coordination of existing resources and services for young children and their families.</p>	<ol style="list-style-type: none"> 1. #/% children demonstrating school readiness at kindergarten entry in the development domains of social-emotional, language and literacy, cognitive, and motor and physical 2. #/% of children receiving timely well child visits. 3. #/% of children age 5 with untreated tooth decay. 4. % of families who report they are competent and confident about their ability to support their child's safety, health and well-being. 	<p>Early Care and Education System Development and Implementation – Convene partners and provide leadership in the development and implementation of a comprehensive early care and education system that is aligned both across the spectrum of settings and with the full continuum of the education system. <i>EL-1</i></p> <p>Supports and Services for Families - Convene partners, provide leadership, provide funding, and advocate for development, enhancement, and sustainability of a variety of high quality, culturally responsive, and affordable services, supports, and community resources for young children and their families. <i>FS&L-2</i></p> <p>Access to Quality Health Care Coverage and Services- Collaborate with partners to increase access to high quality health care services (including oral health and mental health) and affordable health care coverage for young children and their families. <i>HLTH-2</i></p>	<ul style="list-style-type: none"> • Scholarships TEACH • Scholarships non-TEACH • Director Mentoring/Training • FTF Professional REWARD\$ • Quality First Package (including Child Care Health Consultation, QF Scholarships and TEACH) • Additional QF Rating Only • Mental Health Consultation • Expansion: Increase Infant/Toddler Quality • Pre-Kindergarten Scholarships • Home Visitation • Parent Education Community-Based Training • Family Resource Centers • Oral Health • Care Coordination/Medical Home • Physician Education & Outreach • Service Coordination • Community Awareness • Media • Community Outreach • Statewide Evaluation

Section III C.

Strategy Descriptions including Target Populations and Funding Levels

Strategy: Quality First			
Strategy Description: Supports provided to early care and education centers and homes to improve the quality of programs, including: on-site coaching; program assessment; financial resources; teacher education scholarships; and consultants specializing in health and safety practices.			
Strategy Narrative <p>Quality First addresses the prioritized need for improved access to quality, affordable early childhood education in the Central Maricopa Region. It expands the number of children with access to high quality early education, including learning materials that are developmentally appropriate, a curriculum focused on early literacy and teachers trained to work with infants, toddlers and preschoolers.</p> <p>Quality First is Arizona's voluntary quality improvement and rating system. It does not duplicate or replace, but builds upon state licensing regulations, addressing multiple aspects of early care and education through research-based indicators of quality.</p> <p>Quality First provides supports through nine program components including: coaching, financial incentives, licensure fee assistance, child care scholarships, T.E.A.C.H. Arizona scholarships, Child Care Health Consultation, program assessment, assignment of star rating and specialized technical assistance. The addition of child care scholarships to this strategy in SFY 2013 will help more low-income families receive quality child care.</p> <p>The Quality First strategy plays an important role in strengthening the Pre-Kindergarten through 12th grade education system in the region and state. Research finds that positive outcomes for children do not occur when the quality of early childhood education is diluted. The star rating system will provide families with a way to identify and select high quality programs for their children. It also will create an expectation of high quality and a consistent method for measuring quality and provide participating programs with resources to support them in making changes that impact quality and ultimately outcomes for children.</p>			
Target Population Description <p>There are approximately 150 regulated child care providers in the Central Maricopa Region. Of these, 35 centers and 5 homes are currently enrolled in Quality First. 2012 target service numbers were 38 centers and 6 homes. Additional centers were not enrolled until funding plans were developed for 2013 – 2015. For the 2013-2015 funding cycle, reduction is necessary to cover the cost of the First Things First state funded centers and the scholarships included in the model. The reduction will not affect any currently enrolled programs; the lower numbers reflect attrition of centers that have closed or dropped from the program.</p> <p>The breakdown of the Quality First sites beginning in SFY 2013 will be as follows:</p> <ul style="list-style-type: none">• 35 centers and 5 homes sites will receive the full Quality First package – all are currently enrolled in the program.• 14 additional sites will be Quality First rating only and reserved for the three school districts and community partners that currently provide Pre-Kindergarten Scholarships in more than one location within the school district (Tempe, Chandler and Kyrene Unified School Districts).			
Target Service Units - Quality First	FY 13	FY 14	FY 15
Number of center based providers served	49	49	49
Number of home based providers served	5	5	5

Funding Levels	FY 13	FY 14	FY 15
Quality First	\$808,743	\$808,743	\$808,743
Child Care Health Consultation	\$100,800	\$100,800	\$100,800
Scholarships TEACH	\$181,500	\$181,500	\$181,500
QF Child Care Scholarships	\$1,651,405	\$1,651,405	\$1,651,405

Target Service Units - Child Care Health Consultation	FY 13	FY 14	FY 15
Number of center based providers served	35	35	35
Number of home based providers served	5	5	5
Target Service Units - Scholarships TEACH			
Number of professionals receiving scholarships	128	128	128
Target Service Units - QF Child Care Scholarships			
Number of children receiving scholarships	265	265	265

Strategy: Scholarships TEACH (addition to QF package)

Strategy Narrative

This strategy addresses the need for a skilled and educated early childhood workforce. The T.E.A.C.H. program provides scholarships for higher education and credentialing to early care and education teachers in order to improve the professional skills of those providing care to children 5 and younger.

Target Population Description

T.E.A.C.H. Scholarships in addition to the Quality First package are reserved for child care professionals serving children ages five and under in sites not currently enrolled in Quality First. Target service units for 2013-2015 are 55. This number has been reduced from the original 2010-2012 funding levels of 186 to reflect current levels of participation.

Strategy: QF Child Care Scholarships (addition to QF package)

Strategy Narrative

Child Care Scholarships provide financial assistance to families so that they can access quality child care for their children. In this region, child care scholarships have been in place for the past several years and many families have expressed appreciation for them. Due to the model shifts within Quality First, the total number of additional scholarships that can be awarded has decreased. It is the Regional Council's intent to continue these additional scholarships each year to maintain the financial support for families to be able to afford child care.

Target Population Description

Due to a high level of teen pregnancy in the region and the desire of the Regional Council to support pregnant parents to stay in school, there is a need for child care scholarships for their children. Nineteen child care scholarships will be available to parenting teens that are attending school and participating in one of the region's school district teenage pregnancy programs.

Strategy: Quality First (Rating Only)

Strategy Narrative

Rating Only participation includes two components of Quality First: the assessment and assignment of a star rating. In SFY 2013, all Pre-Kindergarten sites receiving Pre-Kindergarten scholarships will be required to be rated by Quality First and in SFY 2014 all Pre-Kindergarten sites will be required to have a star rating of at least three stars in order to continue providing scholarships. The rating only option for 14 sites will allow the three school districts currently providing Pre-Kindergarten scholarships in more than one preschool site (within the district) to continue providing scholarships. Two current Pre-K Scholarship sites are already participating in Quality First full participation.

Target Population Description

The rating only option will be utilized by three school districts currently providing Pre-Kindergarten scholarships in more than one preschool site – the Tempe, Chandler and Kyrene Unified School Districts

Strategy: Scholarships non-TEACH**Strategy Description**

Provides scholarships for higher education and credentialing to early care and education teachers

Strategy Narrative

This strategy will work together with the TEACH Scholarship strategy to support continued professional development in the regions' early care and education profession. The Professional Career Pathways Project (PCPP) had been identified as an additional scholarship model for implementation in this region. PCPP will support staff working, or volunteering, in early care and education programs towards the completion of coursework required for the Child Development Associate Credential (CDA), awarded by the National Office in Washington, D.C.

In the Central Maricopa Region, there are a variety of early care and education programs in which staff need to complete college level courses, but they do not qualify for the TEACH Scholarship model, for a variety of reasons such as working less hours than allowed or making an hourly wage that is more than allowed by TEACH, or not qualifying due to only volunteering in an early care and education program. This scholarship model will allow an additional number of staff, outside of Quality First, to complete college level courses and will help increase the overall quality of early care and education programming that is being provided in the region.

Target Population Description

Target numbers are set at 50 scholars with an average of six credits per scholar. The funding level is based on recipients completing the necessary coursework for the Child Development Associate credential and covers the cost of the assessment. Funding levels were reduced from SFY 2011 after a more accurate determination of the costs associated with tuition, assessment costs and mentoring the scholar during the assessment process.

Target Service Units	FY 13	FY 14	FY 15
Number of professionals receiving scholarships	50	50	50
Funding Level	FY 13	FY 14	FY 15
Scholarships non-TEACH	\$70,000	\$70,000	\$70,000

Strategy: Director Mentoring/Training**Strategy Description**

Provides education, mentoring and training to early care and education directors.

Strategy Narrative

This strategy focuses on the prioritized need for professional development by enhancing the administrative, leadership, and business skills of early childhood education administrators through on-site consultation addressing administrative functions, including high quality programming for children and families, staff development and human resources practices, program operations, and community engagement. The Regional Council understands that a competent program director produces better outcomes in the critical areas acknowledged to improve the quality of an early care and education program. The director is responsible for a myriad of duties from managing the day-to-day activities of a center, supervising staff, and developing academic programs for the children. Formal professional

development is related to increased quality care and this strategy is considered by the Regional Council to be part of the continuum of professional development for staff at all levels of experience, job duties and educational pursuits.

Target Population Description

This strategy is focused on directors not currently served by Quality First. A total of 10 directors will have access to mentoring, education and training. In the previous funding plan the Regional Council supported directors to participate in the Emergent Leaders program; however, it is in its last year of operation and is being re-vamped. In order to continue to support directors, the Council is increasing the funding amount and number of directors participating from \$22,500 and 5 respectively, to \$75,000 and 10 directors. With the potential to reach a total of 30 directors over the span of the three years, this strategy will provide quality professional development to 20% of the centers in the region.

Target Service Units	FY 13	FY 14	FY 15
Number of participating professionals	10	10	10
Funding Level	FY 13	FY 14	FY 15
Director Mentoring/Training	\$75,000	\$75,000	\$75,000

Strategy: FTF Professional REWARD\$

Strategy Description

Improves retention of early care and education teachers through financial incentives.

Strategy Narrative

To address the prioritized need for quality early care and education it is recognized that high turnover of the early childhood workforce in the Central Maricopa Region directly impacts the quality of care for children. The median hourly salary of Arizona early care and education teachers is \$9.75 or \$20,280 annually as reported in [“A Decade of Data: The Compensation and Credentials of Arizona’s Early Care and Education Workforce” \(2008\)](#). REWARD\$ has been well received within the region and the early care and education community. This compensation and retention strategy acknowledges and rewards progressive education, educational attainment and commitment to continuous employment at a qualified early care and education setting. In SFY 2011, 144 incentive awards were distributed. The Central Maricopa Regional Partnership Council has identified access to high quality early education programs as one on the highest priorities for the region. To address this need, the Council has implemented several strategies to address quality improvement; one of them being professional development to increase the educational qualifications of professionals in the region. The Council recognizes the need to retain and keep highly qualified teachers and caregivers in the region and FTF Professional REWARD\$ has been identified as a complementary strategy and a component of the early childhood system. To that end, they have made the commitment to continue this strategy for the next three years.

Target Population Description

The target population for FTF Professional REWARD\$ is 148 early childhood professionals working in the field. The program has eligibility requirements for both the applicant and the applicant’s employer. The applicants must work at a program, with children birth to age 5, that demonstrates a commitment to quality by either (1) being an enrolled Quality First participant program working towards quality improvement, or (2) being accredited, by a national organization recognized by either the Arizona Department of Education or the Arizona Department of Economic Security-Child Care Administration, at a level which equals a 3-5 star rating in Quality First, or (3) currently on the waiting list for Quality First participation and never declined participation in the Quality First program.

The Central Maricopa Regional Partnership Council is committed to spending the entire amount of designated funding. Costs were updated for SFY 2013 from an average award of \$2,350 to \$1,350. Through the recalculation of the average cost per incentive for fiscal year 2013, the target service numbers could possibly increase, yet the total funding will remain the same. In the past three years, the target service number has not been reached and funds remained unspent. As a result, funding levels were decreased to reflect a more accurate level of participation and funding.

Target Service Units	FY 13	FY 14	FY 15
Number of incentive awards distributed	148	148	148
Funding Level	FY 13	FY 14	FY 15
FTF Professional REWARD\$	\$200,000	\$200,000	\$200,000

Strategy: Mental Health Consultation

Strategy Description

Provides mental health consultation to teachers and caregivers, and tuition reimbursement to support professional development to increase capacity of the workforce.

Strategy Narrative

This strategy is designed to address the prioritized need for quality early care and education by improving the capacity of child care providers to support the healthy social-emotional development of children in their care. A mental health consultant works with educators to increase their knowledge of healthy development and enable them to identify challenging behaviors and employ techniques to address and resolve conflicts that develop due to challenging behaviors. The strategy addresses the Central Maricopa Regional Partnership Council's priority to increase access to health services by ensuring healthy social-emotional development in young children. Mental health consultants also aid in the growth of the early childhood system by acting as a liaison between early childhood educators and other community resources in the health community; if children are expressing a need that is outside the capacity of the educational setting, the consultant is able to provide referral services and educate the child care staff on how to talk with parents about their child's behavior and what resources are available to them to address their child's social-emotional development.

Target Population Description

Intended for this strategy are children who are in a child care setting and who are expressing challenging behaviors that impact the function of classrooms. The mental health consultant observes both the entire classroom and individual children to help devise strategies for educators to better manage classroom dynamics and the behaviors and interactions of children in their care. The numbers of children and families selected is based on the mental health consultant strategy model and suggested target numbers identified as reasonable for one consultant. With the various other consulting models funded by the Regional Council and the difficulty child care settings often have in managing visits of multiple consultants, the Regional Council recognized that Quality First participants may not benefit from consulting services beyond what is offered in Quality First. Due to this factor, the Regional Council targets non-Quality First participants to receive mental health consultation services.

Target Service Units	FY 13	FY 14	FY 15
Number of tuition reimbursements distributed	0	0	0

Number of home based providers served	4	4	4
Number of center based providers served	10	10	10
Funding Level	FY 13	FY 14	FY 15
Mental Health Consultation	\$250,000	\$250,000	\$250,000

Strategy: Expansion: Increase Infant/Toddler			
Strategy Description Recruits new or existing providers to begin to serve or expand services. May assist with planning, licensing or certification process for new centers or homes, or provide support to a provider to improve the quality of facility or programs.			
Strategy Narrative <p>The Regional Council's goal is to provide a continuum of quality education and care to address this prioritized need beginning with infants and toddlers and ending with children through five years of age. They also recognize the unique needs of quality infant and toddler care programming. To that end, they chose to support an expansion and improvement strategy specifically focused on improving the quality of infant and toddler care. This strategy will test an intervention that introduces and supports programs in implementing two widely held strategies viewed as pivotal to successful outcomes for young children in center-based care, namely, primary care giving and continuity of care. It will implement a carefully selected set of program improvement components identified by a team of nationally known infant and toddler experts. Because of its strong evaluation component, the strategy will inform the Regional Council on the best and most successful quality improvements for infant and toddler programming and will provide guidance about how to proceed with infant and toddler quality initiatives in the Central Maricopa County region in the future. Ongoing communication and information with other quality initiatives such as Quality First will be shared in order to inform and support best practices for quality improvement programs.</p>			
Target Population Description <p>This strategy works to expand the number of high quality infant and toddler classrooms in the Central Maricopa Region. The target population is infants and toddlers, birth through three years of age who are in non-Quality First center based care. Six to eight programs will be recruited to participate in the pilot program to improve the quality of infant and toddler care and early education in the region using standardized and qualitative measures to determine effectiveness. The target number of classrooms for the first phase of the project is 20. Phase II and Phase III will target 25 classrooms to allow for attrition. The Regional Council is committed to supporting quality care improvement strategies across the spectrum to provide families and the early childhood community a variety of entry points into the early childhood system.</p>			
Target Service Units	FY 13	FY 14	FY 15
Number of center based providers served	20	20	20
Number of home based providers served	0	0	0
Number of increased slots for participating children	0	0	0
Funding Level	FY 13	FY 14	FY 15
Expansion: Increase Infant/Toddler	\$400,000	\$400,000	\$400,000

Strategy: Pre-Kindergarten Scholarships			
Strategy Description Provides scholarships to quality preschool programs in a variety of settings to allow programs to serve more children.			
Strategy Narrative <p>The Pre-Kindergarten Scholarship strategy in the region addresses the prioritized need for improved access to high quality and affordable early childhood education. It increases the number of three and four year olds from low-income families enrolled in high quality preschool programs. The 2010 Needs and Assets Report and community stakeholders have identified quality preschool programs as an important service needed in the region. Available data indicate quality preschool programs are lacking or insufficient in the region. Through partnerships with local school districts, this strategy expands access to high quality preschool programs.</p> <p>Pre-Kindergarten programs are part of the early education continuum and an important component of the early childhood system. Multiple longitudinal studies show that investments in high-quality pre-kindergarten programs improve both short- and long-term outcomes for children.</p> <p>This strategy also recognizes the importance of the link between pre-kindergarten programs and kindergarten, which is reinforced by a technical assistance/mentoring component designed to ensure the communication and connections between pre-kindergarten and kindergarten programs as they develop and implement a transition plan for children and their families.</p> <p>Partnering directly with school districts to expand existing Pre-Kindergarten programs is a strategy that has significantly built the capacity in the region to provide quality early learning opportunities.</p>			
Target Population Description <p>Of the three school districts in the region, an average of 12% of three and four year old children is living below the federal poverty level. The proposed 248 children to be served through this strategy will increase the number of children whose families are living below the federal poverty level to have access to high quality early care and education during the two years prior to their kindergarten entry. Inherent in this strategy is the principle that all families, regardless of income, children's abilities or other factors have the right to access high quality early education.</p>			
Target Service Units	FY 13	FY 14	FY 15
Number of FTF-funded pre-K children	248	248	248
Number of private/public partner pre-K sites receiving support	7	7	7
Number of public school pre-k sites receiving support	10	10	10
Funding Level	FY 13	FY 14	FY 15
Pre-Kindergarten Scholarships	\$930,000	\$930,000	\$930,000

<p>Strategy: Home Visitation</p> <p>Strategy Description Provides voluntary in-home services for infants, children and their families, focusing on parenting skills, early physical and social development, literacy, health and nutrition. Connect families to resources to support their child's health and early learning.</p> <p>Strategy Narrative The regional needs and assets report revealed a great number of children who are not in regulated child care settings and may not otherwise be engaged in the early childhood system. Home visitation often reaches these families, allowing them to access valuable services and is often an entry point into the early childhood system for families. It is vital to support parents as the first teachers of children, as well as connect them to other services in the community. Home visitation services enable parents to feel competent and confident in their abilities to raise their children. Regular visits by a home visitor provide the consistency that many at-risk families need to feel supported and to gain parenting skills. Home visitors are able to assess challenges in the home life which may affect healthy development in a child or that may negatively impact the parents' abilities to support a child's learning, social-emotional, or health needs. Comprehensive, evidence based home visitation programs include a variety of models that exist to address the spectrum of universal needs to targeted or specialized needs of particular populations such as first time parents, teen parents, families at-risk for abuse-neglect, and low income families. Family participation in a home visitation program is voluntary, with no fee for service to families. At a minimum, visits to a family's home occur monthly. Home visitation programs funded through the Central Maricopa Regional Partnership Council must include parent-child playgroups located in community settings.</p> <p>High quality home visiting programs can be an effective service delivery method to support early learning in these years, ensuring that children succeed in school and beyond. In-home parenting education programs are an important piece of the early childhood development system. Research of home visiting services finds that the earlier in a child's life this support is provided the greater the potential for having long lasting positive results. Home visiting with pregnant women specifically helps create the environment for a healthy birth by incorporating the importance of healthy behaviors throughout the pregnancy such as accessing prenatal care, appropriate nutrition, not smoking, and exercise. Additionally, research has confirmed home visiting as an effective strategy for families at risk due to poverty, health conditions of the child or parents, child maltreatment and low literacy levels.</p> <p>Home visitation is a part of the larger continuum of family support within the context of an early childhood system. The purpose of home visiting services is to build parent's capacity and skills so they can support the healthy development of their child and ensure that a child is ready to succeed in school. This strategy can work with and build upon the other strategies implemented in the region and other community assets to address the need for comprehensive parent education and information.</p> <p>Target Population Description Home visitation is most impactful with new parents and at-risk families of infants and toddlers. It is important to reach and support families through home visitation as early as possible. Ideally, home visitation programs begin with new parents or at-risk families with their newborns and continually support the family from infancy into toddlerhood.</p> <p>The target population is families with risk factors such as single-parent homes, low income families, teen parents, grandparents raising grandchildren and refugees. Children living in single parent families, and Hispanic families with young children are much more likely to be poor than families overall and can be identified as at-risk. Approximately 1012 families with children zero to five in the region receive Temporary Assistance for Needy Families (TANF). Evidence-based home visitation services have demonstrated greater impact and shifts in behavior when provided to at-risk populations. Due to the unique needs of families living in the Town of Guadalupe, families will be recruited specifically from that community and a slightly</p>

different program model may be needed.

The intent is to build upon other community based parent education programs supported by the region in order to provide a continuum of services for families. Through careful coordination with other service providers, such as home visitation for high risk families provided through a federal home visitation grant utilizing either the Healthy Families America model or the Nurse-Family Partnership model, the intent is to be able to provide some level of support to every family with children birth through five in the region. It is anticipated that this coordinated, multi-strategy approach will result in improved outcomes for children in the region.

Up to 257 families will be recruited for participation throughout the Central Maricopa Region. The Regional Council will closely monitor the actual number of families served and the demand for the service to determine changes in target service numbers in subsequent years. A successful partnership with the Southeast Maricopa Region has allowed for a common entry point for families who are referred or are requesting home visitation services.

Target Service Units	FY 13	FY 14	FY 15
Number of families served	257	257	257
Funding Level	FY 13	FY 14	FY 15
Home Visitation	\$600,000	\$600,000	\$600,000

Strategy: Parent Education Community-Based Training

Strategy Description

Provides classes on parenting, child development and problem-solving skills.

Strategy Narrative

Community Based Parenting Education is a part of the larger continuum of family support within the context of an early childhood system. The purpose of community based parenting education is to build parents' capacity and skills so they can support the healthy development of their child. Parenting education, as a key component of a comprehensive early childhood system, enhances the relationship between the parent and child to foster the child's positive social-emotional and language and literacy development and thus their readiness for school. This strategy can work with and build upon the other strategies implemented in the region and other community assets to address the need for comprehensive parent education and information.

Community based parent education provided in community settings such as Family Resource Centers offers another way to support the region's family support strategies and enables parents to have access to other types of resources they may need be to raise children who are healthy and ready to succeed in school. The Regional Council recognized the need to offer families a number of entry points into the early childhood system and community based parent education is an accessible and non-threatening service that affects this priority.

Target Population Description

The target population for this strategy is universal, outreaching to all children birth through five in the region, which is over 50,000. The Regional Council recognizes the need of all parents to receive services to increase their confidence in supporting their child's learning and healthy development. Many strategies focus on more targeted and at-risk populations, but all families can benefit from early childhood education.

Parent Education Community Based Training targets up to 1400 families with children birth through five in the Central Maricopa region irrespective of income levels. The Regional Council has included in this strategy the intent to reach high risk populations including pregnant and parenting teens, as well as grandparents raising grandchildren, through this strategy. The Region's Family Resource Centers will be an important resource for the successful implementation of this strategy.

This strategy has been further refined in that it involves participation in a series of parenting sessions. Previously, short, one time sessions, were categorized under this strategy. The Regional Council took into consideration the fact that this more intensive model could impact the number of families who are willing to commit to attend all sessions and will monitor the participation levels as well as any wait lists that might occur for making future adjustments.

Target Service Units	FY 13	FY 14	FY 15
Number of participating adults	1400	1400	1400
Funding Level	FY 13	FY 14	FY 15
Parent Education Community-Based Training	\$400,000	\$400,000	\$400,000

Strategy: Family Resource Centers**Strategy Description**

Provides local resource centers that offer training and educational opportunities, resources, and links to other services for healthy child development.

Strategy Narrative

Family Resource Centers provide resource and referral information to identify supports and services available to families with young children and provide each family with access to information and support on topics such as parenting skills, early childhood development including social emotional, language and literacy, cognitive, physical and motor development and child health. Community based parent education sessions can be housed and offered at resource center locations to build a more comprehensive, robust center. Through this effort, families can access programming while simultaneously building their own social connections thereby reducing isolation.

The Central Maricopa Region's strategy to fund Family Resource Centers is an effort to support families in the locations and areas of the community where current system work is already being done or can be established. The goal of this strategy is to increase families' access to the other family support strategies such as Community Based Parent Education and Home Visitation. Imbedded in this strategy are access to Health Insurance Enrollment Application Assistance and Food Boxes (Food Security). These services are enhanced by other non-First Things First funded services such as the JOBS program, English Language classes, WIC and others. Family Resource Centers are also intended to increase the level of coordination, collaboration, and partnership among the region's resource centers; driven by a common purpose—to serve families and children in the region. This level of collaboration and partnership supports the early childhood system in the Central Maricopa Region. This strategy builds on these efforts to provide family support across the multitude of strategies to over 6,000 plus children and their families.

Target Population Description			
The target population for this strategy is universal, outreaching to all families with children birth through five in the region. The Regional Council recognizes the need of all parents to receive services to support their child's learning and healthy development. The intent for the Family Resource Centers is that at least one is located in each of the Region's four communities: Tempe, Chandler, Ahwatukee and Guadalupe.			
Target Service Units	FY 13	FY 14	FY 15
Number of families served	6000	6000	6000
Funding Level	FY 13	FY 14	FY 15
Family Resource Centers	\$1,510,000	\$1,510,000	\$1,510,000

Strategy: Oral Health
<p>Strategy Description Provides oral health screenings and fluoride varnish in a variety of community-based settings; provide training to families on the importance of oral health care for their children; and provide outreach to dentists to encourage service to children for a first dental visit by age one.</p>
<p>Strategy Narrative The Central Maricopa Regional Partnership Council identified oral health as a priority health need in the region. Available data shows that the region has a high incidence of untreated tooth decay (36 percent). Through funding from the Central Maricopa Regional Partnership Council for a preventive oral health strategy in SFYs 2010-2012, an average of 42 percent of children birth through five who were screened exhibited white spots (precursors to caries), and 25 percent had untreated tooth decay. Prevention of tooth decay requires regular oral health screenings, application of fluoride varnish, but also requires education of the adults who care for children and make health related decisions for them.</p> <p>The Central Maricopa Oral Health strategy consists of several components:</p> <ul style="list-style-type: none"> • Conduct oral health screenings and provide referrals for children 1 through age 5. • Apply fluoride varnish as a proven intervention to reduce the incidence of dental caries (tooth decay) for children. • Provide oral health screenings and referrals to pregnant women • Provide professional development for dental professionals on management techniques for very young children, application of fluoride varnish and how to educate parents. • Provide education programs that focus on correct tooth brushing and the importance of healthy eating. These programs are typically delivered in preschool and child care centers, though may also occur in home visitation programs. <p>A robust health care system is a key element of an early childhood system. Children must have their health needs met in order to maximize their learning potential. Attending to the oral health needs of children birth through five through a preventive approach addresses one aspect of a child's overall health. Collaboration opportunities are available with the Region's Family Resource Centers, Headstart programs, and school district Pre-K programs and have the ability to support the early childhood system.</p>
<p>Target Population Description This strategy addresses multiple target populations. Primarily the focus is on providing oral health screenings and fluoride varnish applications to 1,500 children in the Central Maricopa Region. This target service number has been exceeded in the past, however, encouraging expectant women to participate has</p>

been challenging. A target service number for expectant women is set at 50. In addition, this strategy provides oral health education to parents of children birth through five, early care and education professionals, and health care professionals and pregnant women. Health providers, including clinics and pediatric offices, are not as well informed about the importance of a child receiving their first oral health screening at age one. Dental providers are not always trained on methods for examining the mouths of infants and toddlers. Providing professional development opportunities tied to Continuing Education Units provides incentives for participation in these trainings.

In collaboration with other existing providers in the region, this strategy universally targets all children birth through five in the Central Maricopa Region regardless of income level, but gives priority to children from low income families.

Target Service Units	FY 13	FY 14	FY 15
Number of children receiving oral health screenings	1500	1500	1500
Number of prenatal woman receiving oral health screenings	50	50	50
Number of participating adults	1500	1500	1500
Number of participating professionals	175	175	175
Number of fluoride varnishes applied	1500	1500	1500
Funding Level	FY 13	FY 14	FY 15
Oral Health	\$350,000	\$350,000	\$350,000

Strategy: Care Coordination/Medical Home

Strategy Description

Provides children and their families with effective case management, and connects them to appropriate, coordinated health care.

Strategy Narrative

The Care Coordination/Medical Home strategy is intended to provide comprehensive approaches to ensuring children are healthy. Health coverage plays an important role in ensuring that children get routine access to a doctor or dentist's office. But coverage alone does not guarantee the relationship and provision of health care that many envision when using the term "medical home." Medical and Dental homes provide many of the critical screenings necessary to catch concerns early, intervene with appropriate help and ensure children stay healthy. An important component of a medical home is service coordination and case management to provide linkages for children and their families with appropriate services and resources in a coordinated effort to achieve good health. Effective care coordination begins with recognizing the relationship between the family, the health care provider and the care coordinator. It enhances access to needed services and resources, promotes optimal health and functioning of children, and supports improved quality of life. Several models for care coordination exist, but practices will likely be comfortable with one particular model. Models include:

- Care coordinator employed by practice; located in practice
- Care coordinator employed by practice; shared between practices; located outside of practice or part-time within practice
- Care coordinator employed by outside entity; located at outside entity; shared between practices

Care Coordination provides the opportunity to coordinate resources across all elements of the complex health care and social services systems (e.g., subspecialty care, hospitals, therapy programs, home visitation services) and the patient's community (e.g., family, schools, child care, public and private community-based education services).

Both the Medical Home/Care Coordination and Physician Education and Outreach build on the assets of the region and are designed to be implemented in coordination with the Health Insurance Enrollment strategy. Information and referrals for these services and other resources can all be accessed in the Region's Family Resource Centers. The Regional Council remains committed to increasing the coordination of services, communication to business and communities about the importance of children getting a great start, and creating an efficient strong and viable early childhood system where families have access to any and all the resources they need to ensure their children are healthy and ready to begin school.

Target Population Description

This strategy universally targets all children birth through five in the Central Maricopa region and is intended to reach families before or shortly after birth to insure that the child has a comprehensive support system to maximize the use of a medical home, thus insuring positive outcomes for the child. Children who may have special health care needs can particularly benefit. One full-time Care Coordinator is able to cover up to five practices or clinics. This strategy is in its first full year of implementation, and sufficient data on the demand for expanding the numbers served is not available to date. The Regional Council will monitor participation closely to determine if adjustments are needed in the future.

Target Service Units	FY 13	FY 14	FY 15
Number of children served	250	250	250
Funding Level	FY 13	FY 14	FY 15
Care Coordination/Medical Home	\$197,000	\$197,000	\$197,000

Strategy: Physician Education and Outreach

Strategy Description

Provides consultation and facilitates a self-assessment process for physician practices in order to provide preventive health care for young children using a medical home model and including necessary developmental screenings and referrals.

Strategy Narrative

Physician Education and Outreach is a practice improvement strategy. Research has shown that there are effective quality improvement techniques that physicians can use to improve the care given to children. Coaches assist physicians (pediatricians and/or family practice) who serve children 0-5 to complete a self-assessment of their office practices. They work together to identify areas that might benefit from changes. Practices then have the option to participate in a self-study or much more intensive learning collaboratives to improve the quality of care they provide. Participating in practice improvement is voluntary for physician practices. Outreach to recruit practices into the program is very time consuming with no guarantee that practices will participate in the program.

Physician Education and Outreach along with Care Coordination/Medical Homes and Oral Health strategies reinforce infrastructure building and lend support to developing a strong early childhood system by ensuring that families have access to the health resources needed to ensure their children's health. An

overwhelming need that was expressed by the 2010 Needs and Assets report, as well as at the Town Hall event, was the need for families to be able to access health care consistently and from a provider who is able to provide care coordination.

Target Population Description

The target population for this strategy is ten practices or clinics and is meant to be implemented in combination with the Care Coordination strategy. Ideally, physicians who are participating in this strategy will develop their practices to be medical homes and provide care coordination. As with the Care Coordination strategy, Physician Education and Outreach has insufficient data to determine the efficacy for expansion. The Regional Council will monitor participation closely to determine if adjustments are needed in the future.

Target Service Units	FY 13	FY 14	FY 15
Number of participating practices	10	10	10
Funding Level	FY 13	FY 14	FY 15
Physician Education & Outreach	\$165,000	\$165,000	\$165,000

Strategy: Service Coordination

Strategy Description

Through coordination and collaboration efforts, improves and streamlines processes including applications, service qualifications, service delivery and follow-up for families with young children. Reduces confusion and duplication for service providers and families.

Strategy Narrative

In March 2008, the Early Childhood Development and Health Board defined the strategic direction of First Things First with the adoption of the Strategic Plan Roadmap. Within this document, Coordination is identified as a one of six Goal Areas that will be accomplished by First Things First in order to build the Arizona early childhood system. To accomplish the Coordination goal, First Things First is directed to foster cross-system collaboration efforts among local, state, federal and tribal organizations to improve the coordination and integration of Arizona programs, services and resources for young children and their families.

It is generally believed that by participating in cross-system efforts, organizations will begin to look at how they can change the way they work together so that services are delivered to children and families in new, more effective and efficient ways. Service agencies that work together are often easier to access and are implemented in a manner that is more responsive to the needs of the families. Cross-system efforts may also result in greater capacity to deliver services because organizations are working together to identify and address gaps in service.

The Central Maricopa Regional Partnership Council has a number of effective programs that serve as assets to the region, however, the 2010 Needs and Assets Report reveals that these services are not coordinated in a manner that results in optimal benefit to the children and families in the region. Many of the organizations in the region are working in proverbial silos and are unable to provide families with a holistic approach. Similar services or programs are provided by numerous organizations and may have different eligibility requirements, enrollment processes and outreach efforts. Moreover, community awareness of available services is minimal. The 2010 Needs and Assets Report indicates the opportunity exists to address the aforementioned needs through facilitated coordination.

By supporting a service coordination effort, the Central Maricopa Regional Partnership Council will be instrumental in creating a high quality, interconnected, and comprehensive delivery system that is timely, culturally responsive, family driven, community based, and directed toward enhancing a child's overall development.

At the time of this funding plan, the specifics of this First Things First strategy are still under development. The Regional Council will further define this strategy and bring it before the Board for review at a later date.

Target Population Description

The intended target population of the proposed coordination activities is agencies and programs that serve families with children birth through five throughout the Central and surrounding Maricopa County regions.

This strategy is critical for both the Central Maricopa region and surrounding Maricopa County regions given there is a high percentage of similar strategies proposed by these regions. Service Coordination has the potential to increase the impact to families by leveraging funding to increase scale in the east side of the county.

Target Service Units	FY 13	FY 14	FY 15
Not identified	NA	NA	NA
Funding Level	FY 13	FY 14	FY 15
Service Coordination	\$175,000	\$175,000	\$175,000

Strategy: Community Awareness

Strategy Description

Uses a variety of community-based activities and materials to increase public awareness of the critical importance of early childhood development and health so that all Arizonans are actively engaged in supporting young kids in their communities.

Strategy Narrative

This strategy is staff-directed. It addresses the prioritized need to raise awareness of the importance of early childhood development and health in the region. The intent is that all Arizonans will be actively engaged in supporting young kids in their communities. A Community Outreach Coordinator implements various tactics as part of a statewide, cross-regional communications campaign.

The Central Maricopa Community Outreach strategy aligns with the First Things First Priority: Building public awareness and support by helping educate the public of the benefits of investing in early childhood development, health and early education and supporting the identification and growth of a pool of early childhood champions throughout the region. Champions are those who are willing to take a specific action to spread the word about the importance of early childhood development and health.

A component of the Community Awareness strategy is designated to support the Child Abuse Awareness and Prevention Coalition. The Coalition will educate and inform people who suspect abuse to report it, and also will encourage parents and caregivers to seek assistance with their children. An annual Child Abuse Awareness day will be held in the region to bring awareness to the issues of child abuse and reporting.

Other components of the strategy include collaboration with the Southeast Maricopa Region to participate in a Parent Leadership Symposium, and possible sponsorship of events in the Central Maricopa Region.

Target Population Description This is a universal strategy that targets the entire region.			
Target Service Units	FY 13	FY 14	FY 15
No service units	NA	NA	NA
Funding Level	FY 13	FY 14	FY 15
Community Awareness	\$65,000	\$65,000	\$65,000

Strategy: Media			
Strategy Description Increases public awareness of the importance of early childhood development and health via a media campaign that draws viewers/listeners to the ReadyAZKids.com web site.			
Strategy Narrative The Central Maricopa Regional Partnership Council participates in the Cross-Regional Communications Media efforts with the seven other Regional Partnership Councils in Maricopa County. Media efforts include purchasing television and radio spots, billboards, and other approved media buys.			
Target Population Description This is a universal strategy that targets the entire region.			
Target Service Units	FY 13	FY 14	FY 15
No target service units identified for this strategy	NA	NA	NA
Funding Level	FY 13	FY 14	FY 15
Media	\$150,000	\$150,000	\$150,000

Strategy: Community Outreach			
Strategy Description Provides grassroots support and engagement to increase parent and community awareness of the importance of early childhood development and health.			
Strategy Narrative This strategy is staff-directed. It addresses the prioritized need to raise awareness of the importance of early childhood development and health in the region. A Community Outreach Coordinator implements various tactics as part of a statewide, cross-regional communications campaign.			
Target Population Description This is a universal strategy that targets the entire region.			
Target Service Units	FY 13	FY 14	FY 15
No service units	NA	NA	NA

Funding Level	FY 13	FY 14	FY 15
Community Outreach	\$83,000	\$83,000	\$83,000

Strategy: Statewide Evaluation			
Strategy Description Statewide evaluation includes the studies and evaluation work which inform the First Things First Board and the 31 Regional Partnership Councils. Examples are baseline Needs and Assets reports, specific focused studies, and statewide research and evaluation on the developing early childhood system.			
Strategy Narrative First Things First has and is growing a multi-level system of research and evaluation strategies designed to be responsive to the information needs of varied stakeholder groups, including the First Things First Board, Regional Partnership Council directors and members, and Arizona citizens. The research and evaluation system is designed to provide both depth and breadth of high quality information, from collecting programmatic data to evaluating the overall impact of the First Things First Early Childhood System model. The system provides a framework for conducting statewide and regional studies centered on identifying current and changing needs of families and children birth to five, and the impact of programs and strategies across all First Things First priority areas. The First Things First research and evaluation system is a knowledge building system, designed to be a cumulative process of developing and advancing collective understandings and meaning-making around living questions such as “what is needed”, “what can be done”, “what are we doing”, “is it working, and if so, in what ways and to what effect?” Individually and collectively, research and evaluation strategies generate a wealth of data and cumulative findings that can be used to document trends and changes in school readiness indicators as well as support Regional Council learning, strategic planning and decision-making to promote well-being in Arizona’s youngest citizens.			
Target Population Description This is a universal strategy that targets the entire region.			
Target Service Units	FY 13	FY 14	FY 15
Not applicable	NA	NA	NA
Funding Level	FY 13	FY 14	FY 15
Statewide Evaluation	\$251,621	\$251,621	\$251,621

Section III D. Proposed Funding Summary

SFY 2013 - 2015 Regional Partnership Council Budget



FY 2013 - 2015 Central Maricopa Funding Plan

Allocations and Funding Sources	2013	2014	2015
FY Allocation	\$7,130,934	\$7,145,196	\$7,171,991
Population Based Allocation	\$5,037,022		
Discretionary Allocation	\$955,573		
Other (FTF Fund balance addition)	\$1,138,339	\$7,145,196	\$7,171,991
Carry Forward From Previous Year	\$4,619,959	\$3,136,824	\$1,667,951
Total Regional Council Funds Available	\$11,750,893	\$10,282,020	\$8,839,942
Strategies	Proposed Allotment	Proposed Allotment	Proposed Allotment
Scholarships TEACH	\$181,500	\$181,500	\$181,500
Scholarships non-TEACH	\$70,000	\$70,000	\$70,000
Director Mentoring/Training	\$75,000	\$75,000	\$75,000
FTF Professional REWARD\$	\$200,000	\$200,000	\$200,000
Quality First Child Care Scholarships	\$1,651,405	\$1,651,405	\$1,651,405
Quality First	\$808,743	\$808,743	\$808,743
Mental Health Consultation	\$250,000	\$250,000	\$250,000
Expansion: Increase Infant/Toddler	\$400,000	\$400,000	\$400,000
Pre-Kindergarten Scholarships	\$930,000	\$930,000	\$930,000
Child Care Health Consultation	\$100,800	\$100,800	\$100,800
Home Visitation	\$600,000	\$600,000	\$600,000
Parent Education Community-Based Training	\$400,000	\$400,000	\$400,000
Family Resource Centers	\$1,510,000	\$1,510,000	\$1,510,000
Oral Health	\$350,000	\$350,000	\$350,000
Care Coordination/Medical Home	\$197,000	\$197,000	\$197,000
Physician Education & Outreach	\$165,000	\$165,000	\$165,000
Service Coordination	\$175,000	\$175,000	\$175,000
Community Awareness	\$65,000	\$65,000	\$65,000
Media	\$150,000	\$150,000	\$150,000
Community Outreach	\$83,000	\$83,000	\$83,000
Statewide Evaluation	\$251,621	\$251,621	\$251,621
Proposed Allotment Total:	\$8,614,069	\$8,614,069	\$8,614,069
Total Unallotted	\$3,136,824	\$1,667,951	\$225,873